



GRACE OUTREACH

LEADERSHIP DEVELOPMENT

Grace Outreach Team Application

Date: _____

GENERAL INFORMATION *(please print)*

Full Name _____

Address _____

City _____ State _____ ZIP _____ Email _____

Age _____ Male/Female _____

Date of Birth: _____

IMPORTANT: Do you have a valid passport? Please provide your passport number & Expiration:

Please write your full name **exactly** as it appears on your passport:

Do you have medical insurance? Yes No

Marital Status? Married Single Divorced

Date of Birth: _____

HEALTH INFORMATION:

Have you ever had any of the following? *(please circle)*

Fainting Spells Heart Problems Diabetes Eating Disorder Respiratory Problems Seizures

Do you have any other condition that may affect your ability to function on an outreach trip?
(anxiety, depression, fear of flying, allergies, sleeping disorders, etc.)

If yes, please explain:

PERSONAL INFORMATION:

What area are you interested in? (*please circle*)

Guatemala

Mexico

Haiti

Thailand

What are your expectations for this trip?

What related experience do you have?

What do you see as your strongest and weakest qualities are?

Please list specific talents/skills you have. (*administration, caring, medical, construction, musical, etc.*)
